LIPOS PRIVATE BED / PHP – ADMISSION / UTILIZATION FORM

| Client Information |
|---|
| 1. First Name: 2. MI 3. Last 4. Age |
| 5. Social Security Number:/ 6. Date of Birth:/ |
| 7. Insurance Information: 8. Client Legal Status: DVoluntary CMA Involuntary MOT |
| 9. Partial Hospitalization PHP Hospital Diversion PHP NVMHI Step-Down PHP LIPOS Hospital Step-down |
| 10. Level of Care needed: Level 1 (Acute Stabilization) Level 2 (Intensive Care) |
| Utilization Information |
| For Inpatient Only: 11. Not able to admit to NVMHI, person consulted at NVMHI: Name: Date: Time: |
| Select one of the following: |
| No bed availability Not appropriate medically Not appropriate for other reasons: |
| 12. Total Number of private hospitals called |
| 13. Discharge planner will endorse transfer to NVMHI as needed |
| For PHP Only: 14. Is at risk of psychiatric hospitalization on the basis of meeting at least two of the Medicaid eligibility Criteria for Crisis Stabilization listed below: Experiencing difficulty in maintaining normal interpersonal relationship to such a degree that he/she is at is of hospitalization of homelessness because of conflicts with family or community. Experiencing difficulty in activities of daily living such as maintaining personal hygiene, preparing food, and maintaining adequate nutrition or managing finances to such a degree that health or safety is jeopardized. Exhibiting such inappropriate behavior that immediate interventions by mental health and other agencies are needed Exhibiting difficulty in cognitive ability such that he/she is unable to recognize personal danger or unable to recognize significantly inappropriate social behavior |
| Admission Information |
| 15. Admission Date:// |
| 16. Admitting Hospital / PHP Program: Dominion Loudoun Mt. Vernon Fairfax Prince William Virginia Hospital Center – Arlington No beds available in HPRII facilities. Client placed in contract bed at: Snowden Poplar Springs Client placed Out of Region (please complete OOR form) |
| 17. Hospital / PHP Staff contact: 18. Payment Authorized for days, or through / / |
| CSB Information |
| 19. Facilitating Admission: Alexandria Arlington Fairfax-FC Loudoun Prince William |
| 20. Staff Facilitating Admission: |
| 21. CSB Facilitating Discharge Planning: Alexandria Arlington Fairfax-FC Loudoun Prince William Other: |
| 22. CSB Staff Discharge Planning: |